

To: Mail stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NEW APPLICATION TRANSMITTAL - UTILITY

Sir:

Transmitted herewith for filing is a **utility** patent application:

Inventor(s): Amr H. O'Baid and Brent J. Swartzentruber

Title: INTEGRATED CRYOGENIC RECEIVER FRONT-END

I. PAPERS ENCLOSED HEREWITH FOR FILING UNDER 37 CFR § 1.53(b):

19 Page(s) of Written Description
5 Page(s) Claims
1 Page(s) Abstract
9 Sheets of Drawings ☒ Informal ☐ Formal

II. ADDITIONAL PAPERS ENCLOSED IN CONNECTION WITH THIS FILING:

- ☒ Declaration
- ☒ Power of Attorney ☒ Separate ☐ Combined with Declaration
- ☒ Assignment to Superconductor Technologies, Inc. and assignment cover sheet
- ☐ Certified Copy of Priority Document No(s): _____
- ☒ Information Disclosure Statement w/PTO/SB/08A ☒ Copies of articles and foreign patents
- ☐ Preliminary Amendment
- ☐ Request and Certification under 35 U.S.C. § 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35
- ☒ Return Postcard

CERTIFICATE OF MAILING
(37 C.F.R. §1.10)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as 'Express Mail Post Office To Addressee' in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Arlington, VA 22313-1450.

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Date of Deposit

IR1:1047602.1

Denise N. Doss
Denise N. Doss

III. THE FILING FEE HAS BEEN CALCULATED AS SHOWN BELOW:

☒ Applicant claims small entity status pursuant to 37 CFR § 1.27

BASIC FILING FEE:							\$750.00
Total Claims	24	-	20	=	4	x \$18.00	\$72.00
Independent Claims	3	-	3	=		x \$84.00	\$0
Multiple Dependent Claims	\$280	(if applicable)				<input type="checkbox"/>	
TOTAL OF ABOVE CALCULATIONS							\$822.00
Reduction by ½ for Filing by Small Entity, if applicable, as asserted above. Note 37 CFR §§ 1.9, 1.27, 1.28.							<input checked="" type="checkbox"/> \$411.00
Misc. Filing Fees (Recordation of Assignment -- \$40)							40.00
TOTAL FEES TO BE PAID WITH MISSING PARTS SUBMISSION							\$451.00

IV. METHOD OF PAYMENT OF FEES

☐ A check in the amount of _____.

☒ Charge O'Melveny & Myers' Deposit Account No. **500639** in the amount of **\$451.00**.

☐ This application is being filed without fee or Declaration under 37 CFR § 1.53.

V. AUTHORIZATION TO CHARGE FEES

The Commissioner is authorized to credit any overpayment and to charge any underpayment to O'Melveny & Myers's Deposit Account No. **500639** for the following:

☒ 37 CFR § 1.16 – (Filing fees and excess claims fees)

☒ 37 CFR § 1.17 – (Any application processing fees)

☒ 37 CFR § 1.21 – (Assignment recording fees)

VI. CORRESPONDENCE ADDRESS

Please send all correspondence to Customer Number 34263:

34263
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Please direct all inquiries to David B. Murphy, at the above customer number.

Respectfully submitted,

O'MELVENY & MYERS LLP

Dated: September 17, 2003

By: 
Michael S. Davidson
Reg. No. 43,577

MSD/dnd